## CONSUMER COMPLAINT FORM - TELEMARKETING OFFICE OF THE ATTORNEY GENERAL

CO	NSUMER PROTECTION DIVIS	
HEARING	<b>STATEWIDE TOLL FREE 800-551-4636</b> IMPAIRED - TDD 800-276-9883 or local 20	
Bellingham: Island, San Juan,	Seattle: King, Snohomish, Clallam and	Olympia: Thurston County.
Skagit and Whatcom counties.	Jefferson counties and Bainbridge Island.	905 PLUM ST SE # 3
103 E. HOLLY SUITE 308	900 FOURTH AVENUE SUITE 2000	PO BOX 40118
BELLINGHAM, WA 98225	SEATTLE WA 98164-1012	OLYMPIA, WA 98504-0118
(360) 738-6185 FAX (360)738-6190	(206) 464-6684 FAX (206) 464-6451	(360) 753-6210 FAX (360) 664-2585
Tacoma: Pierce, Mason, Grays Harbor and Kitsap	-	Kennewick:Southeastern Washington.
1019 PACIFIC AVENUE SOUTH 3 <sup>RD</sup> FLR TACOMA WA 98402-4411	WEST 1116 RIVERSIDE SPOKANE WA 99201-1194	500 N MORAIN ST SUITE 1250 KENNEWICK WA 99336-2607
(206) 593-2904 FAX (206) 593-2449	(509) 456-3123 FAX (509) 456-2486	(509) 546-4360 FAX (509) 734-7290
Please type or print. This form should be returned	Vancouver: Southwestern Washington.	Please include copies of related documents.
to the address nearest to you. After your complaint	500 W 8 <sup>TH</sup> Suite 55	SEND COPIES ONLY - DO NOT INCLUDE
is received, you will be contacted by mail regarding	VANCOUVER WA 98660-3007	ORIGINAL DOCUMENTS!
assignment of your complaint.	(360) 690-4751 FAX (360) 690-4762	
CO	NSUMER INFORMATI	ION
Name:		
Please Print or Type Last	First	Middle Initial
Address:		
City:		Zip:
Phone: Day: ()		
If you are not the person involved in this transa		
If you do not want your complaint sent to the b	ousiness, please explain:	
RI	USINESS INFORMATION	ON
D		
Name of Business Involved:		
Address:		
City:		Zip:
Phone: ( ) Sa	lesperson's Name:	
Names and addresses of any other businesses in	volved in your complaint:	_
Item or Service Purchased:		
Cost of Item or Service: \$		
What form of payment (circle one)? VISA/M	IC Check Money Order Wire Cash	Other:
Was initial contact made by telephone (circle or	ne)? YES NO	
Was the initial contact made by a promotional of	eard mailed to you (circle one)? YES NO	
If YES, did the promotional card reques	st that you call the business to respond (circle	one)? YES NO
Was this promotion a 1 in 5 prize offer (circle of	one)? YES NO	
If YES, did you have to send money to	win the prize (circle one)? YES NO	
·	•	
	required? \$	
If YES, what was the claimed purpose of	of the money; i.e., taxes, shipping or products?	?
If YES, did you receive the prize, produ	act, or service offered (circle one)? YES N	IO
Did the solicitation involve raising money for a		
Did this company call you more than once (circ		pproximately how many times?
	•	

Have you received similar calls or promotions from other companies?

Date

ABOUT YOUR COMPLAINT		
Have you complained to the Business (circle one)? YES NO		
If YES, to whom:		
If YES, what response did you receive?		
Is there a court or other legal proceeding pending (circle one)? YES NO		
If YES, please explain:		
Describe the offer presented by the business (i.e., was a prize offered, how much money was required to redeem the prize, what were the prizes):		
Explain your complaint in detail (use additional pages if necessary).		
What do you think the business should do to resolve your complaint?		
SIGNATURE		
In filing this complaint with the Attorney General's Office you are stating that the information you are providing is true to the best of your knowledge and that the information can be used by the Attorney General's Office in the office's educational and enforcement activities.  Please note: your complaint and the related documents will become a public record and under state law can be subject to a public records disclosure request.  ** PLEASE INCLUDE COPIES OF ANY CHECKS OR SHIPPING RECEIPTS.		

Signature